

# KENTUCKY EMPLOYEES HEALTH PLAN

## PY 2009

### POST TAX REQUEST FORM

The Kentucky Employees Health Plan (KEHP) is an I.R.C. Section 125 Cafeteria plan, which allows for pre-tax salary reductions for Qualified Benefits. All KEHP participants shall have pre-tax salary reductions unless 1) the participant affirmatively elects post-tax salary reductions or 2) the participant affirmatively elects to enroll a dependent who does not qualify as a I.R.C. Section 152 tax dependent (i.e. qualifying child or qualifying relative) thereby requiring post-tax salary reductions. If you would like to change your pre-tax salary reductions to post-tax, or you elect to enroll a dependent who does not qualify as an I.R.C. Section 152 tax dependent, please complete this form and submit it to your HR Administrator (i.e. Payroll Officer, Insurance Coordinator, and/or Personnel Administrator).

#### DEMOGRAPHIC INFORMATION → Please PRINT

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Social Security Number

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Date of Birth (MM/DD/YYYY)

NAME (First, MI, Last)

Mailing Address

City, State, Zip Code

County of Residence

Country / Mail Code, if not USA

Company Number

Employer Name

#### AUTHORIZATION AND CERTIFICATION

- \* I hereby affirmatively elect to waive participation in the Qualified Benefits under the KEHP I.R.C. Section 125 Cafeteria Plan and participate with post-tax salary reductions.
- \* I understand that I may not have another opportunity to participate with pre-tax salary reductions until a subsequent open enrollment period.
- \* I understand that signing this form does not cancel my health insurance coverage, only affirms my election to participate in post-tax salary reductions.
- \* I have reviewed the I.R.C. Section 152 tax dependent definitions of qualifying child or qualifying relative as well the KEHP dependent eligibility requirements under KSR 304-17A.256.
- \* I understand that by affirmatively electing to enroll dependent(s) that do not qualify as I.R.C. Section 152 tax dependents I will be required to change to post-tax salary reductions.

Please sign and date this form and give it to your HR Administrator.

Employee Signature

Date

HR Administrator: Please adjust the member's Health Insurance deduction status accordingly and submit this form to the Department of Employee Insurance.

HR Administrator Signature

Role

Date